Name In Full Mrs. Hannah Anthony

Certificate of Death

Died at Port Deposit (Town) Cecil (County) MARYLAND

Date 189 9 (Month) 2 (Day) | Age Y. 75 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name | Mother's Name 141

Cause of Death: Primary — Old age — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Port Deposit Press

Address 3-3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]B

Rev. R. P. Compton
M. E. Ch.

Name in Full William Armstrong Certificate of Death

Died at near Elkton Town County Cecil MARYLAND

Date 189 4 Month 2-26 Day Age 80 Y. M. D. Native of Occupation Farmer

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Phil Deposit Press

Address 3-3rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70B8B

Name in Full

William F. Baldwin

Certificate of Death

Died at Town: Banks County: Cecil MARYLAND

Date 189 9 Month: Feb Day: 21 | Age Y. 79 M. D. | Native of Connecticut | Occupation

Male ~~Female~~ White ~~Colored~~ Married 79 ~~Widow~~ ~~Divorced~~ ~~Single~~ ~~Widower~~

Number of children living two

Husband / Wife of Harriet Baldwin.

Father's Name Daniel Mother's Name Mary

Cause of Death — Primary: La Grippe 9 — How long sick

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by Columbus Gray M.D.

Address Newark Delaware

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full

Certificate of Death

Bidwell

Died at Town North Elm County Cecil Co MARYLAND

Date 1899 Month Tilt. Day 8 | Age Y. M. D. 14 | Native of Cecil | Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife Ingram

Father's Name Ernest Bidwell

Mother's Name Deborah Bidwell

Cause of Death: Primary Convulsions 49 | How long sick 14 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by B Herrin Capt

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Martha Blanspeld Widow of James Meekins

Died at Town: Ches City | County: Cecil | MARYLAND

Date 189 9 | Month: Feb | Day: 10 | Age: Y. 57 M. 4 D. 7 Year | Native of: Md | Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Benj: Blanspeld 1st Husband Jas. Meekins

Father's Name: Louis Bruton | Mother's Name: Elizabeth Bruton

Cause of Death: Primary: Cancer of Womb | How long sick: 1 Year

Immediate: 25 d | ~~Accident, Suicide, Homicide~~

Reported by: Wm B Coleman Undertaker

Address: per J T Wallace M D

Must be signed by physician, if any in attendance, otherwi[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs. Mollie Brickley

Certificate of Death

Died at Town Farmington County Cecil MARYLAND

Date 1899 Month 2 Day | Age Y. 93. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of L. Brickley

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Thos

Address [redacted] 2-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7889R

Name In Full A. Frank Burroughs

Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 189 9 Month 2-27 Day | Age 70 M. D. | Native of | Occupation

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Republican Standard Grace

Address 3-4 [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full James W. Boyd

Certificate of Death

Died at Town Colora County Cecil MARYLAND

Date 1899 Month 2 Day 5 Age Y. 65 M. D. Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ Don't Know

Husband ~~Wife~~ of Carrie E Boyd (maiden name not known)

Father's Name Don't Know Mother's Name Don't Know

Cause of Death Primary Pneumonia 72 How long sick 2 wks

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by John H Jenness Md

Address Risingsun, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Clara J. Burns

Certificate of Death

Died at Town near Bay View County Cecil MARYLAND

Date 189 9 Month 2 Day 1 Age Y. 27 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel Burns

Mother's Name

Cause of Death Primary Pneumonia 72

Immediate

How long sick

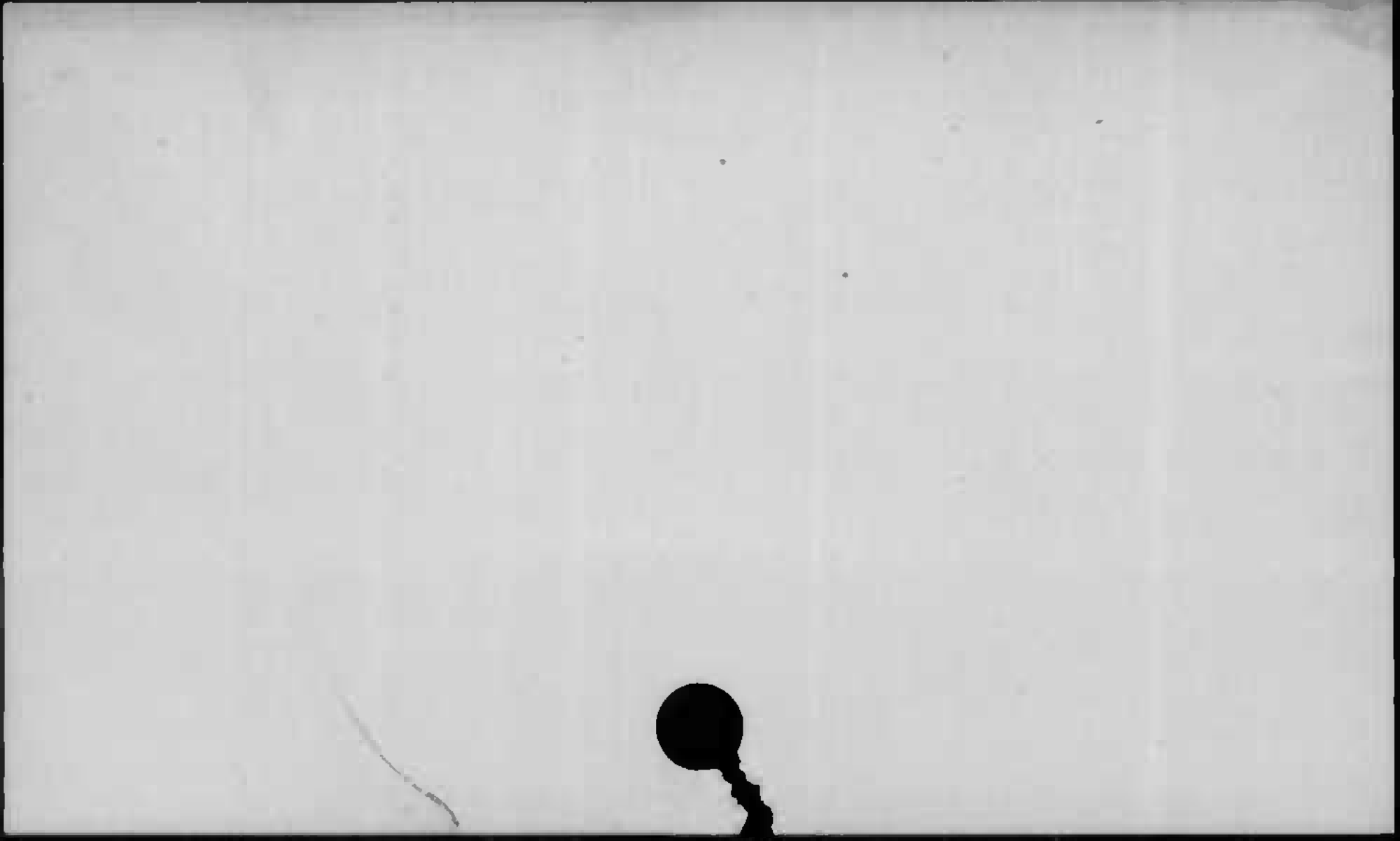
Accident, Suicide, Homicide

Reported by Cecil Dem. 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full | Certificate of Death

Clory Burns

Died at Town: Bay view | County: Cecil | MARYLAND

Date 1899 Month: Feb. Day: 1 | Age Y. M. D. | Native of: Cecil | Occupation: School Teacher

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Samuel Burns | Mother's Name:

Cause of Death: Primary: Liver 92 | How long sick: 2 weeks

Immediate: Obstruction Bile ducts | ~~Accident Suicide Homicide~~

Reported by: B Hennebeque

Address: N. Ern

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Rea Cambell

Certificate of Death

Died at Town Hoodlawn County Cecil MARYLAND

Date 189 4 Month Feb Day 11 | Age Y. 40 M. 2 D. 10 | Native of Cecil Co | Occupation Farmer

Male ~~Female~~ | White Colored | Married Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Annie Ford

Father's Name Wm Cambell

Mother's Name Mary Wilson

Cause of Death: Primary Pneumonia 72 — How long sick 10 days

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by J S Brown M D

Address Hoodlawn Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death

John Chambers

Died at (Town) near Earlville (County) Cecil — MARYLAND

Date 1899 — Month 2 Day 16 — Age Y. 65 M. D. — Native of Maryland — Occupation Laborer

~~Male~~ / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 97

~~Husband~~ / ~~Wife~~ of

Father's Name

Mother's Name

Cause of Death — Primary: Nephritis Chron. — How long sick: 2 Years

Immediate: Eclampsia, Uremic — ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle

Address Cecilton Cecil Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Died at — Town: Port Deposit — County: Cecil — MARYLAND

Date 189 9 — Month: 2 — Day: 13 — Age: Y. M. D. — Native of: / — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living: /

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick:

Immediate — Accident, Suicide, Homicide:

Reported by: Cecil Dem. 2-14

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Cartificate of Death

Helen Adele Culleny

Died at Town: Elkton County: Cecil MARYLAND

Date 1899 Month: Feb Day: 2 | Age Y.: 17 M.: - D.: - | Native of: Md - | Occupation: School girl

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name | Mother's Name: Mary Culleny, widow

Cause of Death: Primary: Typhoid Fever | How long sick: 4 weeks

Immediate: Exhaustion Hemorrhage bowel | Accident, Suicide, Homicide

Reported by: Howard Bratton MD

Address: Elkton Md

Must be signed by physician, if any in attandanca, otherwise by coroner, undertakar or ministar.

LIBRARY BUREAU, 79706

Name In Full Leona Downey

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 189 9 Month 2-2 Day Age Y. 7 M. D. Native of Occupation

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Clay Tn Downey Mother's Name

Cause of Death: Primary Pneumonia 72 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Dem. 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P83

Name in Full | Certificate of Death

Amelia Ann Duhamell

Died at Town: Earlville County: Cecil MARYLAND

Date 1899 Month: 2 Day: 8 Age Y. 85 M. 9 D. 12 Native of: Cecil C. Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Robert J. Duhamell

Father's Name Henry Patterson Mother's Name Elizabeth Innington

Cause of Death: Primary Isanity [homicidal] How long sick 3 years

Immediate Coma from exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle 46

Address Cecilton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Elizabeth Egan

Certificate of Death

Died at — Town: Principio — County: Cecil — MARYLAND

Date 1899 — Month: Feb — Day: 16 — Age: Y. 89 M. – D. – — Native of: Cecil Co — Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: None

Husband / Wife of: John Egan

Father's Name: Unknown — Mother's Name: Unknown

Cause of Death:
- Primary: Pneumonia 72
- Immediate: Could not get to see her after 2 days sickness

How long sick: 7 days

~~Accident~~, Suicida, Homicide

Reported by: J. T. Brown

Address: Woodlawn Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full Martha A. Torbut Ellis — Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 9 Month Feby Day 15 Age Y. 77 M. D. 10 Native of Md. Occupation Home

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ Wife of Francis A. Ellis

Father's Name Wm Torbut 66 Mother's Name Martha Radalph

Cause of Death Primary Arterio-Sclerosis — Motor — How long sick 2 years

Immediate Aphasia — Cardiac Asthma Accident, Suicide, Homicide

Reported by Charles M Ellis

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Lucy Fulty

Died at Town: Eel Neck County: Cecil MARYLAND

Date 1899 Month: Jan. Day: 14 Age Y. 5 M. D. Native of: Cecil Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Charles Fulty Mother's Name: Addie Fulty

Cause of Death: Primary: Meningitis 39a How long sick: One month

Immediate ~~Accident, Suicide, Homicide~~

Reported by: B Kuhnlupp

Address: N. Eur

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Geo. Grant

Died at near Town McClellandville County Cecil MARYLAND

Date 1899 Month 2 Day 4 Age Y. 92 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Wing 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998

Name In Full Montgomery Kidd

Certificate of Death

Died at Town near Port Deposit County Cecil MARYLAND

Date 189 9 Month 2 - 22 Day Age Y. 70 M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Ger. Kidd

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Port Deposit Press

Address 3 - 3rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70803

Name in Full Rebecca Lechler — Certificate of Death

Died at near Town Earlville County Cecil MARYLAND

Date 189 6 Month 2 Day 18 | Age Y. 83 M. 5 D. 4 | Native of Pennsylvania | Occupation Home Keeper

~~Male~~ Female | White | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | Divorced | ~~Number of children living~~ 1.

~~Husband~~ Wife of John A. Lechler

Father's Name Ulrich Matthews | Mother's Name Unknown

Cause of Death: Primary Fracture Femur & Pubis | How long sick 7 mo

Immediate Ignanition 143 | Accident, ~~Suicide Homicide~~

Reported by J. H. Hardcastle

Address Cecilton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full — Certificate of Death

Ida M Loveless

Died at Town: Chesapeake City — County: Cecil — MARYLAND

Date 1897 Month: Feb Day: 16 — Age Y.: 35 M.: 5 D.: 24 — Native of: Philadelphia — Occupation: Housewife

Male — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: 2

~~Husband~~ Wife of Capt John R Loveless

Father's Name: Augustus Loveless — Mother's Name: Margaret Loveless

Cause of Death — Primary: 97 — How long sick: 18 months

Immediate: Bright's disease — Accident, Suicide, Homicide

Reported by: Wm C Kaumer

Address: Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, R696B

Name in Full

Certificate of Death

Alexander MacCullough

Died at Town Rowlandville County Cecil MARYLAND

Date 189 Month Feb Day 18 | Age Y. 56. M. 7 D. — | Native of — | Occupation Farming

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband / Wife of Mary Elizabeth MacCullough

Father's Name Alexander McCullough | Mother's Name Sarah McCullough

Cause of Death — ~~Primary~~ / ~~Immediate~~ — "Abcess of the Brain" which was caused from direct extension from disease of middle ear or of the mastoid cells." | How long sick 8 wks

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E. S. Rowland 5-4

Address E. S. Rowland Liberty Grove, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full James Lee McGowan

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 189 9 Month 2 Day 12 Age Y. 35 M. D.

Native of

Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 28

Cause of Death: Primary Diabetes with Immediate Complications

How long sick

Accident, Suicide, Homicide

Reported by B. Housekeeper M.D.

Address North East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full | Certificate of Death

Mary Elizabeth McMullin

Died at Town: Perryville County: Cecil MARYLAND

Date 1899 Month: Feb. Day: 8 | Age Y.: 48 M.: — D.: | Native of: Md. | Occupation: —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Lewis McMullin

Father's Name Robert Jackson Mother's Name Anne Jackson

Cause of Death: Primary Acute Phthisis 22a How long sick 6 mos.

Immediate Progressive Cardiac Anaemia ~~Accident, Suicide, Homicide~~

Reported by L. G. Taylor

Address Perryville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069

Name in Full

Certificate of Death

John Moore

Died at Town Pennsville County Cecil MARYLAND

Date 1899 Month Feb. Day 8 | Age Y. 6 M. — D. — | Native of Md. | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name John Moore

Mother's Name Mary Moore

Cause of Death: Primary Membranous Laryngitis — How long sick 2 Days

Immediate Asphyxia — 86 — ~~Accident, Suicide~~, Homicide

Reported by L. G. Taylor,

Address Pennsville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85868

Name in Full Caroline G. Ow

Certificate of Death

Died at Town Port Deposit County Cecil MARYLAND

Date 1899 Month Feb Day 18 Age Y. 80 M. 10 D. 11 Native of Md Occupation Housewife

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 6

~~Husband~~ Wife of James Ow

Father's Name Benjamin Davis Mother's Name Jane Field

Cause of Death Primary Cancer of Breast How long sick 6 weeks

Immediate Exhaustion 25e ~~Accident, Suicide, Homicide~~

Reported by H. E. Clemson Jr. Sec.

Address Port Deposit Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full — Certificate of Death

Walter Scott Price

Died at Town ~~Easton~~ 3rd Dist County Cecil MARYLAND

Date 189 Month July Day 10 | Age Y 65 M. D. | Native of Md. | Occupation none

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~

Number of children living none

Husband / Wife of Caroline B. Caldwell

Father's Name Morgan Price | Mother's Name Hamit Veazey

Cause of Death — Primary: Influenza — 9 | How long sick 4 days

Immediate: Acute Mania (Exposure temp — 15°) | Accident, Suicide, Homicide

Reported by Charles M Ellis

Address Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hannah Thompson

Died at Town: Theodore County: Cecil MARYLAND

Date 189 9 Month: Feb Day: 22 | Age Y. 67 M. - D. - | Native of: Ohio | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living: Two

Husband / Wife of: Wm Thompson

Father's Name: Unknown | Mother's Name: [illegible]

Cause of Death — Primary: Pneumonia — How long sick: 10 days

Immediate: Heart failure 72

Accident, Suicide, Homicide

Reported by: J T Brown MD

Address: Woodlawn Cecil Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full William F. Trimble

Certificate of Death

Died at Town Elkton Md County Cecil MARYLAND

Date 1899 Month Feby Day 17 Age Y. M. D. Native of Penna Occupation Merchant

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Intemperance 34

Immediate Cirrhosis of Liver

How long sick 4 months

Accident, Suicide, Homicide

Reported by Charles M Ellis

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68968

Name In Full

Certificate of Death

Annie B. Stalmsley

Town

County Cecil

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	4					

Dete 189 Age

~~Male~~ Female

White Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living several

~~Husband~~ Wife of Thos. Stalmsley

Father's Name

Mother's Name

Cause of Deeth

Primary Consumptions

How long sick

Immediete 22a

Accident, Suicide, Homicide

Reported by Cecil Co. News 2-8

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Lexington Cemetery.

Name In Full — Certificate of Death

Henry Wilson

Died at Town: Elkton — County: Cecil — MARYLAND

Date 189 9 — Month: 2 — Day: 3 — Age: Y. 101 M. D. — Native of — Occupation

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ — Widow / Widower — Divorced / Number of children living

Husband of
Wife

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Dem.

Address 2-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Henry Williams

Certificate of Death

Town

County Cecil

Died at near Elkton MARYLAND

Date 189 9	Month 2	Day 5	Age Y. 101	M.	D.	Native of	Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Greensborough Free Press

Address 2-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888